

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name: Advocate Christ Medical Center – Discontinuance of AMI Service		
Street Address: 4440 W. 95 th Street		
City and Zip Code: Oak Lawn 60453		
County: Cook	Health Service Area: 7	Health Planning Area: A-04

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: Advocate Health and Hospitals Corporation d/b/a Advocate Christ Medical Center		
Street Address: 4440 W. 95 th Street		
City and Zip Code: Oak Lawn 60453		
Name of Registered Agent: Michael Kerns		
Registered Agent Street Address: 3075 Highland Parkway, Suite 600		
Registered Agent City and Zip Code: Downers Grove, IL 60515		
Name of President: Moody Chisholm		
President Street Address: 4440 W. 95 th Street		
President City and Zip Code: Oak Lawn 60453		
President Telephone Number: 708-684-8000		

Type of Ownership of Applicants

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Other	

- o Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- o Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Rolla Sweis
Title: Vice-President of Operations, South Chicagoland
Company Name: Advocate Aurora Health
Address: 4440 W. 95th Street Oak Lawn, IL 60453
Telephone Number: 708-921-0338
E-mail Address: Rolla.Sweis@aah.org

Additional Contact [Person who is also authorized to discuss the application for exemption]

Name: Myndee Balkan
Title: Director, Health Facilities Planning
Company Name: Advocate Aurora Health
Address: 3075 Highland Parkway, Suite 600 Downers Grove, IL 60515
Telephone Number: (847) 721-0376
E-mail Address: myndee.balkan@aah.org

Name: Anne Cooper/Kara Friedman
Title: Attorney
Company Name: Polsinelli PC
Address: 150 North Riverside Plaza, Suite 3000, Chicago, Illinois 60606
Telephone Number: (312) 873-3606
E-mail Address: Acooper@polsinelli.com

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Facility/Project Identification

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Street Address: 4440 W. 95 th Street		
City and Zip Code: Oak Lawn 60453		
County: Cook	Health Service Area: 7	Health Planning Area: A-04

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: Advocate Health Care Network	
Street Address: 3075 Highland Parkway, Suite 600	
City and Zip Code: Downers Grove 60515	
Name of Registered Agent: Michael Kerns	
Registered Agent Street Address: 3075 Highland Parkway, Suite 600	
Registered Agent City and Zip Code: Downers Grove, IL 60515	
Name of President: James Skogsbergh	
President Street Address: 3075 Highland Parkway, Suite 600	
President City and Zip Code: Downers Grove, IL 60515	
President Telephone Number: 630-572-9393	

Type of Ownership of Applicants

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Other	<input type="checkbox"/>

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Title: Director, Health Facilities Planning
Company Name: Advocate Aurora Health
Address:
Telephone Number: (847) 721-0376
E-mail Address: myndee.balkan@aah.org

Name: Anne Cooper/Kara Friedman
Title: Attorney
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Facility/Project Identification

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Street Address: 4440 W. 95 th Street		
City and Zip Code: Oak Lawn 60453		
County: Cook	Health Service Area: 7	Health Planning Area: A-04

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: Advocate Aurora Health Inc.		
Street Address: 750 W. Virginia		
City and Zip Code: Milwaukee, WI 53204		
Name of Registered Agent: The Corporation Trust Company		
Registered Agent Street Address: Corporation Trust Center 1209 Orange Street		
Registered Agent City and Zip Code: Wilmington, DE 19801		
Name of President: James Skogsbergh		
President Street Address: 3075 Highland Parkway, Suite 600		
President City and Zip Code: Downers Grove, IL 60515		
President Telephone Number: 630-572-9393		

Type of Ownership of Applicants

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Other	<input type="checkbox"/>

- o Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- o Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

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Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Rolla Sweis
Title: Vice-President of Operations, South Chicagoland
Company Name: Advocate Aurora Health
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Telephone Number: 708-921-0338
E-mail Address: Rolla.Sweis@aah.org

Additional Contact [Person who is also authorized to discuss the application for exemption]

Name: Myndee Balkan
Title: Director, Health Facilities Planning
Company Name: Advocate Aurora Health
Address:
Telephone Number: (847) 721-0376
E-mail Address: myndee.balkan@aah.org

Name: Anne Cooper/Kara Friedman
Title: Attorney
Company Name: Polsinelli PC
Address: 150 North Riverside Plaza, Suite 3000, Chicago, Illinois 60606
Telephone Number: (312) 873-3606
E-mail Address: Acooper@polsinelli.com

Post Exemption Contact

[Person to receive all correspondence subsequent to exemption issuance-**THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960**]

Name: James Kokaska
Title: Regional Director, AAH Design & Construction
Company Name: Advocate Aurora Health, Inc
Address: 3075 Highland Parkway, Suite 400, Downers Grove, IL 60515
Telephone Number: 708-473-4692
E-mail Address: james.kokaska@aah.org

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Advocate Health and Hospitals Corporation d/b/a Advocate Christ Medical Center
Address of Site Owner: 4440 W. 95 th Street Oak Lawn, IL 60453
Street Address or Legal Description of the Site: 4440 W. 95 th Street Oak Lawn, IL 60453
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor’s documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.

APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

[Provide this information for each applicable facility and insert after this page.]

Exact Legal Name: Advocate Health and Hospitals Corporation d/b/a Advocate Christ Medical Center
Address: 4440 W. 95 th Street Oak Lawn, IL 60453
<input checked="" type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.

APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Narrative Description

In the space below, provide a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms, NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

This project proposes to discontinue the Acute Mental Illness (“AMI”) Category of Service and the associated authorized bed capacity of 39 beds at Advocate Christ Medical Center (“ACMC”) in order to relocate this Category of Service to Advocate South Suburban Hospital.

This Certificate of Exemption (COE) application is being submitted in conjunction with a Certificate of Need (CON) application to establish the AMI Category of Service with an authorized bed capacity of 27 beds at Advocate South Suburban Hospital. Both ACMC and Advocate South Suburban Hospital are owned and operated by Advocate Aurora Health and are located in the same planning area for acute care services (Health Planning Area A-04). When the relocation occurs, behavioral health providers and medical staff will transfer from ACMC to Advocate South Suburban Hospital. Since the two hospitals utilize a common medical record, clinical staff at either facility will be able to access and utilize patients’ medical records.

Following the closure of ACMC’s AMI unit, the beds will be used for medical/surgical (“M/S”) inpatient care. ACMC plans to add 20 additional M/S beds using the ‘20 Bed Rule” in both the Illinois Health Facilities Planning Act and the Rules of the Illinois Health Facilities & Services Review Board, which state the conditions under which a CON permit is not required to increase a hospital’s bed capacity (20 ILC 3960/5, 20 ILCS 3960/8(c), 77 Ill. Adm. Code 1130.240(f)(1), and 77 Ill. Adm. Code 1130.240(f)(3)). The Applicants will inform the Illinois Department of Public Health and the Illinois Health Facilities and Services Review Board in writing of this proposed change in the hospital’s authorized M/S capacity. This will be a separate project that will not require a CON permit because the project costs are under the CON threshold.

The project is “substantive” in accordance with the Illinois Health Facilities Planning Act (20 ILCS 3960/12 (8)(b)(c), because it proposes to discontinue a Category of Service within an existing healthcare facility. The project is exempt from requiring a CON permit and eligible for a COE under 77 Ill. Adm. Code 1130.410(b).

Implementation of this project is contingent upon receipt of a CON permit by Advocate South Suburban Hospital for the establishment of the AMI Category of Service. The discontinuation of ACMC’s AMI Category of Service will occur within 30 days of Advocate South Suburban Hospital’s AMI Category of Service becoming operational, which is anticipated to occur by February 15, 2024.

Project Status and Completion Schedules

Outstanding Permits: Does the facility have any projects for which the State Board issued a permit that is not complete? Yes _x_ No __. If yes, indicate the projects by project number and whether the project will be complete when the exemption that is the subject of this application is complete.

Advocate Christ Medical Center	# 14-057
Advocate Condell Medical Center	# 20-004
Advocate Lutheran General Hospital	# 21-003
Advocate Illinois Masonic Medical Center	#22-009
Advocate South Suburban Hospital	#E036-22

Anticipated exemption completion date (refer to Part 1130.570): Within 30 days of Advocate South Suburban Hospital's AMI Category of Service becoming operational, which is anticipated to occur by February 15, 2024.

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:

- Cancer Registry
- APORS
- All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
- All reports regarding outstanding permits

Failure to be up to date with these requirements will result in the Application being deemed incomplete.

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

- o in the case of a corporation, any two of its officers or members of its Board of Directors.
- o in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist).
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist).
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Advocate Health and Hospitals d/b/a Advocate Christ Medical Center* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.

James H. Skogsbergh
 SIGNATURE
 James H. Skogsbergh
 PRINTED NAME
 President
 PRINTED TITLE

William P. Santulli
 SIGNATURE
 William P. Santulli
 PRINTED NAME
 Chief Operating Officer
 PRINTED TITLE

Notarization:
 Subscribed and sworn to before me
 this 25th day of July 2022

Notarization:
 Subscribed and sworn to before me
 this 25th day of July, 2022

Michael E. Kerns
 Signature of Notary

Michael E. Kerns
 Signature of Notary



*Insert the EXACT legal name of the applicant
 Commission No. 286069

Commission No. 286069

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- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
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This Application is filed on the behalf of Advocate Health Care Network* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.

James H Skogsbergh
SIGNATURE

James H. Skogsbergh
PRINTED NAME

President and Chief Executive Officer
PRINTED TITLE

William P. Santulli
SIGNATURE

William P. Santulli
PRINTED NAME

Chief Operating Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 25th day of July 2022

Notarization:
Subscribed and sworn to before me
this 25th day of July 2022

Michael E. Kerns
Signature of Notary



Michael E. Kerns
Signature of Notary



*Insert the Commission No. of the applicant

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- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Advocate Aurora Health, Inc.* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.

James H. Skogsbergh
SIGNATURE

James H. Skogsbergh
PRINTED NAME

Chief Executive Officer
PRINTED TITLE

William P. Santulli
SIGNATURE

William P. Santulli
PRINTED NAME

Chief Operating Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
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Michael E. Kerns
Signature of Notary



Michael E. Kerns
Signature of Notary



*Insert the EXACT legal name of the applicant
Commission No. 286069

Commission No. 286069

SECTION II. DISCONTINUATION

Type of Discontinuation

<input checked="" type="checkbox"/> Discontinuation of a single category of service

Criterion 1130.525 and 1110.290 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

<p>GENERAL INFORMATION REQUIREMENTS</p> <ol style="list-style-type: none"> 1. Identify the category of service and the number of beds, if any, that are to be discontinued. 2. Identify all of the other clinical services that are to be discontinued. 3. Provide the anticipated date of discontinuation for each identified service. 4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs. 5. Provide attestation that the facility provided the required notice of the category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.
<p>APPEND DOCUMENTATION AS ATTACHMENT 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</p>

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

APPEND DOCUMENTATION AS ATTACHMENT 6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

IMPACT ON ACCESS

1. Document whether or not the discontinuation will have an adverse effect upon access to care for residents of the facility's market area.
2. Provide copies of notification letters sent to other resources or health care facilities that provide the same services as those proposed for discontinuation. The notification letter must include at least the anticipated date of discontinuation and the total number of patients that received care or the number of treatments provided during the latest 24 months.

APPEND DOCUMENTATION AS ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION III. BACKGROUND

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit or exemption, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 8.

SECTION IV. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL PROJECTS TO DISCONTINUE A CATEGORY OF SERVICE [20 ILCS 3960/5.4]:

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all of the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 9.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Charity (cost In dollars)	Year	Year	Year
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Medicaid (revenue)			

Inpatient				
Outpatient				
Total				

APPEND DOCUMENTATION AS ATTACHMENT 9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION V. CHARITY CARE INFORMATION

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer (20 ILCS 3960/3). Charity Care must be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 10.

CHARITY CARE			
	Year	Year	Year
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

APPEND DOCUMENTATION AS ATTACHMENT 10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

After paginating the entire completed application indicate, in the chart below, the page numbers for the included attachments:

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	21-24
2	Site Ownership	25-26
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	27-28
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	29
5	Discontinuation General Information Requirements	30-31
6	Reasons for Discontinuation	32
7	Impact on Access	33-41
8	Background of the Applicant	42-45
9	Safety Net Impact Statement	46-49
10	Charity Care Information	50

Attachment 1
Applicants

Certificates of Good Standing for the Applicants are attached at Attachment – 1.

File Number 1004-695-5



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ADVOCATE HEALTH AND HOSPITALS CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 12, 1906, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 2213803568 verifiable until 05/18/2023
Authenticate at: <http://www.ilsos.gov>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 18TH day of MAY A.D. 2022 .

Jesse White
SECRETARY OF STATE

File Number 1707-692-2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ADVOCATE HEALTH CARE NETWORK, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 14, 1923, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 2213803670 verifiable until 05/18/2023
Authenticate at: <http://www.ilsos.gov>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 18TH day of MAY A.D. 2022 .

Jesse White

SECRETARY OF STATE

File Number 7155-851-7



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ADVOCATE AURORA HEALTH, INC., INCORPORATED IN DELAWARE AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON APRIL 03, 2018, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO CONDUCT AFFAIRS IN THE STATE OF ILLINOIS.



Authentication #: 2213803798 verifiable until 05/18/2023
Authenticate at: <http://www.ilsos.gov>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 18TH day of MAY A.D. 2022 .

Jesse White

SECRETARY OF STATE

Attachment 2
Site Ownership

A letter attesting that Advocate Health and Hospitals Corporation is the owner of the land and buildings located at 4440 W. 95th Street Oak Lawn, IL 60453 is attached at Attachment- 2.

July 25, 2022

Mr. John Kniery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

**Re: Advocate Health and Hospitals d/b/a
Advocate Christ Medical Center
Discontinuation of Acute Mental Illness Category of Service**

Dear Mr. Kniery:

This attestation letter is submitted to indicate that Advocate Health and Hospitals d/b/a Advocate Christ Medical Center owns the site of the hospital located at 4440 West 95th Street, Oak Lawn, Illinois 60453.

We trust this attestation complies with the State Agency Proof of ownership requirements indicated in the Permit application – June 2022 edition.

Respectfully,



William Santulli
Chief Operating Officer
Advocate Aurora Health, Inc.

Subscribed and sworn to me
This 25th day of July, 2022


Notary Public



Attachment 3
Operating Identity/Licensee

The Illinois Certificate of Good Standing for Advocate Health and Hospitals Corporation is attached at Attachment – 3.

Attachment – 3

File Number 1004-695-5



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ADVOCATE HEALTH AND HOSPITALS CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 12, 1906, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

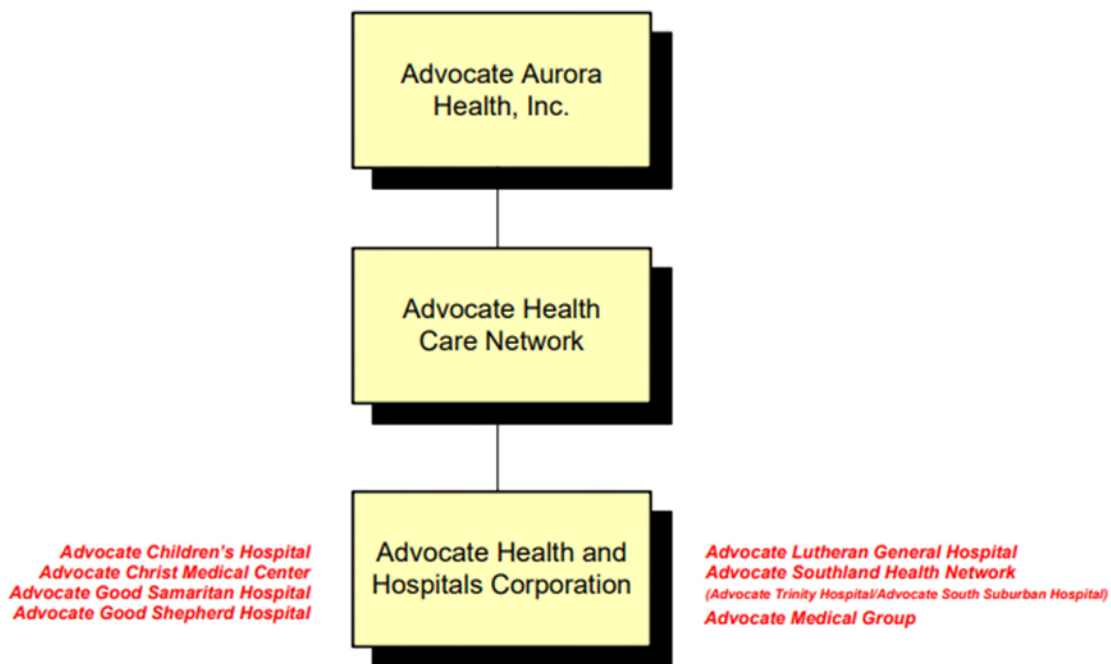


Authentication #: 2213803568 verifiable until 05/18/2023
Authenticate at: <http://www.ilsos.gov>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 18TH day of MAY A.D. 2022 .

Jesse White
SECRETARY OF STATE

Attachment 4
Organizational Relationships



Attachment 5
General Information and Requirements

1. **Identify the category of service and the number of beds, if any, that are to be discontinued.**
 The Applicants propose to discontinue Advocate Christ Medical Center's ("ACMC") Acute Mental Illness ("AMI") Category of Service and the associated authorized bed capacity of 39 beds within 30 days of Advocate South Suburban Hospital's AMI Category of Service becoming operational.
2. **Identify all of the other clinical services that are to be discontinued.**
 No other clinical services will be discontinued as part of the COE application.
3. **Provide the anticipated date of discontinuation for each identified service.**
 Implementation of this project is contingent upon receipt of a CON permit by Advocate South Suburban Hospital for the establishment of the AMI Category of Service. The discontinuation of ACMC's AMI Category of Service will occur within 30 days of Advocate South Suburban Hospital's AMI Category of Service becoming operational, which is anticipated to occur by February 15, 2024.
4. **Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.**
 Following the closure of ACMC's AMI unit, the beds will be used for medical/surgical ("M/S") inpatient care. ACMC plans to add 20 additional M/S beds using the '20 Bed Rule" in both the Illinois Health Facilities Planning Act and the Rules of the Illinois Health Facilities & Services Review Board, which state the conditions under which a CON permit is not required to increase a hospital's bed capacity (20 ILC 3960/5, 20 ILCS 3960/8(c), 77 Ill. Adm. Code 1130.240(f)(1), and 77 Ill. Adm. Code 1130.240(f)(3)).

 The Applicants will inform the Illinois Department of Public Health and the Illinois Health Facilities and Services Review Board in writing of this proposed change in the hospital's authorized M/S capacity. This will be a separate project that will not require a CON permit because the project costs are under the CON threshold.
5. **Provide attestation that the facility provided the required notice of the category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.**
 Attached at Attachment -5 is the notice published in the Chicago Tribune on August 5, 2022.

Classified Ad Copy:

Advocate Christ Medical Center, 4440 W. 95th Street, Oak Lawn, IL 60453, intends to discontinue the 39-bed acute mental illness authorized bed category of service in order to relocate this category of service to Advocate South Suburban Hospital, pending approval by the Illinois Health Facilities and Services Review Board (HFSRB). Following submission of the required Certificate of Exemption application, a copy of the application will be posted on the HFSRB website at <https://www.illinois.gov/sites/hfsrb/Projects/Pages/CompApps.aspx>. For additional information, contact Renee Donaldson at 1-630-929-9525

. Advocate Christ Medical Center, 4440 W. 95th Street, Oak Lawn, IL 60453, intends to discontinue the 39-bed acute mental illness authorized bed category of service in order to relocate this category of service to Advocate South Suburban Hospital, pending approval by the Illinois Health Facilities and Services Review Board (HFSRB). Following submission of the required Certificate of Exemption application, a copy of the application will be posted on the HFSRB website at <https://www.illinois.gov/sites/hfsrb/Projects/Pages/CompApps.aspx>. For additional information, contact Renee Donaldson at 1-630-929-9525

Attachment 6
Reasons for discontinuation

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

This project proposes to discontinue the Acute Mental Illness (“AMI”) Category of Service at Advocate Christ Medical Center (“ACMC”) in order to relocate this Category of Service to Advocate South Suburban Hospital. This Certificate of Exemption (COE) application is being submitted in conjunction with a Certificate of Need (CON) application to establish the AMI Category of Service with an authorized bed capacity of 27 beds at Advocate South Suburban Hospital. Both ACMC and Advocate South Suburban Hospital are owned and operated by Advocate Aurora Health and are located in the same planning area for acute care services (Health Planning Area A-04).

Following the closure of ACMC’s AMI unit, the beds will be used for medical/surgical (“M/S”) inpatient care. ACMC plans to add 20 additional M/S beds using the “20 Bed Rule” in both the Illinois Health Facilities Planning Act and the Rules of the Illinois Health Facilities & Services Review Board, which state the conditions under which a CON permit is not required to increase a hospital’s bed capacity (20 ILC 3960/5, 20 ILCS 3960/8(c), 77 Ill. Adm. Code 1130.240(f)(1), and 77 Ill. Adm. Code 1130.240(f)(3)).

Attachment 7
Impact on Access

- 1. Document whether or not the discontinuation will have an adverse effect upon access to care for residents of the facility's market area.**

Access to care will not be affected. This Certificate of Exemption (COE) application is being submitted in conjunction with a Certificate of Need (CON) application to establish the AMI Category of Service at Advocate South Suburban Hospital. Both APMC and Advocate South Suburban Hospital are owned and operated by Advocate Aurora Health and are located in the same planning area for acute care services (Health Planning Area A-04). When the relocation occurs, behavioral health providers and medical staff will transfer from APMC to Advocate South Suburban Hospital. Since the two hospitals utilize a common medical record, clinical staff at either facility will be able to access and utilize patients' medical records.

- 2. Provide copies of notification letters sent to other resources or health care facilities that provide the same services as those proposed for discontinuation. The notification letter must include at least the anticipated date of discontinuation and the total number of patients that received care or the number of treatments provided during the latest 24 months.**

The following hospitals within a 10-mile radius of APMC offer the acute mental illness Category of service:

Hospital	Address	City	Zip
MacNeal Hospital	3249 South Oak Park Avenue	Berwyn	60402
Ingalls Memorial Hospital	One Ingalls Drive	Harvey	60426
Palos Community Hospital	12251 South 80th Avenue	Palos Heights	60463
St. Bernard Hospital	326 W. 64th Street	Chicago	60621
Saint Anthony Hospital	2875 West 19th Street	Chicago	60623
Holy Cross Hospital	2701 W 68th Street	Chicago	60629
Jackson Park Hospital	7531 S Stony Island Ave	Chicago	60649

A copy of the letters notifying them of the pending closing are provided in Attachment 7.

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0027 4377 2428

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Send to: *Peggy Norton - Kosko, Ave, MacNeal Hosp.*
3249 S. Oak Park Avenue Hospital
Belvidere, IL 60402

PS Form 3800, January 2000 See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0027 4377 3046

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Send to: *Brian Synoff, Pres, Ingalls Memorial Hosp.*
One Ingalls Drive
Harvey, IL 60426

PS Form 3800, January 2000 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com™

OFFICIAL USE

7019 0700 0001 4531 5746

Certified Mail Fee	\$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	

Postage: \$

Total Postage and Fees: \$

Send to: *Charles Holland, Pres, St. Bernard Hosp.*
304 W. 67th St.
Chicago, IL 60621

PS Form 3800, April 2015 (Rev. 10-16-14) See Reverse for Instructions

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OFFICIAL USE

7019 0700 0001 4531 5731

Certified Mail Fee	\$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	

Postage: \$

Total Postage and Fees: \$

Send to: *Jeff Good, Pres, Halos Community Hosp.*
12261 S. 80th Ave.
Palos Heights, IL 60463

PS Form 3800, April 2015 (Rev. 10-16-14) See Reverse for Instructions

U.S. Postal Service™
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OFFICIAL USE

7019 0700 0001 4531 5762

Certified Mail Fee	\$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	

Postage: \$

Total Postage and Fees: \$

Send to: *Jennica Austin-Cathey, Pres, Holy Cross Hosp.*
2701 W. 65th St.
Chicago, IL 60629

PS Form 3800, April 2015 (Rev. 10-16-14) See Reverse for Instructions

U.S. Postal Service™
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OFFICIAL USE

7019 0700 0001 4531 5755

Certified Mail Fee	\$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	

Postage: \$

Total Postage and Fees: \$

Send to: *Guy Madaglia, Pres, Saint Anthony Hosp.*
28415 W. 14th St.
Chicago, IL 60623

PS Form 3800, April 2015 (Rev. 10-16-14) See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com™

OFFICIAL USE

7019 0700 0001 4531 5779

Certified Mail Fee	\$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	

Postage: \$

Total Postage and Fees: \$

Send to: *Merrill Hasbrouck, Pres, Jackson Park Hosp.*
1000 S. Stony Island Ave. Hosp
Chicago, IL 60649

PS Form 3800, April 2015 (Rev. 10-16-14) See Reverse for Instructions



4440 West 95th Street || Oak Lawn, IL 60453 || T 708.684.8000 || advocatehealth.com

August 5, 2022

Via Certified Mail

MacNeal Hospital
3249 South Oak Park Avenue
Berwyn, IL 60402
Attn: Peggy Norton-Rosko, DNP, RN, N, President

Re: Notice of Planned CON/COE Applications for Relocation of Acute Mental Illness Program

Dear Administrator:

Advocate Aurora Health is in the process of preparing a certificate of need application for submission to the Illinois Health Facilities and Services Review Board ("HFSRB") for the relocation of its Advocate Christ Medical Center acute mental illness category of service to Advocate South Suburban Hospital. In connection with this plan, the Advocate Christ Medical Center acute mental illness category of service will be closed, and a related application will be filed. In accordance with applicable HFSRB rules, we are notifying hospitals with similar programs in the area to advise each program of these plans, so each provider may assess whether it believes these plans will impact its program. As these plans are an internal re-organization of Advocate Aurora's service line, we do not believe they will impact your program; however, you are receiving this letter based on HFSRB requirements because your hospital is located within a certain proximity of Advocate Christ Medical Center.

The approximate date when we expect the new program at Advocate South Suburban Hospital to open is the 1st quarter of 2024. The acute mental illness services at Advocate Christ Medical Center will formally close at that time. For your information, Advocate Christ Medical Center had 770 and 749 acute mental illness admissions in 2020 and 2021, respectively. All of these cases are expected to be accommodated at Advocate South Suburban Hospital going forward.

If you have any questions about Advocate Aurora's plans, please feel free to contact Renee Donaldson at Renee.Donaldson@aaah.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Moody L. Chisholm".

Moody L. Chisholm
President

A faith-based health system serving individuals, families and communities

Recipient of the Magnet award for excellence in nursing services by the American Nurses Credentialing Center





4440 West 95th Street || Oak Lawn, IL 60453 || T 708.684.8000 || advocatehealth.com

August 5, 2022

Via Certified Mail

Ingalls Memorial Hospital
One Ingalls Drive
Harvey, IL 60426
Attn: Brian Sinotte, President


Re: Notice of Planned CON/COE Applications for Relocation of Acute Mental Illness Program

Dear Administrator:

Advocate Aurora Health is in the process of preparing a certificate of need application for submission to the Illinois Health Facilities and Services Review Board ("HFSRB") for the relocation of its Advocate Christ Medical Center acute mental illness category of service to Advocate South Suburban Hospital. In connection with this plan, the Advocate Christ Medical Center acute mental illness category of service will be closed, and a related application will be filed. In accordance with applicable HFSRB rules, we are notifying hospitals with similar programs in the area to advise each program of these plans, so each provider may assess whether it believes these plans will impact its program. As these plans are an internal re-organization of Advocate Aurora's service line, we do not believe they will impact your program; however, you are receiving this letter based on HFSRB requirements because your hospital is located within a certain proximity of Advocate Christ Medical Center.

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4440 West 95th Street || Oak Lawn, IL 60453 || T 708.684.8000 || advocatehealth.com

August 5, 2022

Via Certified Mail

Palos Community Hospital
12251 South 80th Avenue
Palos Heights, IL 60463
Attn: Jeff Good, President

Re: Notice of Planned CON/COE Applications for Relocation of Acute Mental Illness Program

Dear Administrator:

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Moody L. Chisholm
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4440 West 95th Street || Oak Lawn, IL 60453 || T 708.884.8000 || advocatehealth.com

August 5, 2022

Via Certified Mail

St. Bernard Hospital
326 W. 64th Street
Chicago, IL 60621
Attn: Charles Holland, President

Re: Notice of Planned CON/COE Applications for Relocation of Acute Mental Illness Program

Dear Administrator:

Advocate Aurora Health is in the process of preparing a certificate of need application for submission to the Illinois Health Facilities and Services Review Board ("HFSRB") for the relocation of its Advocate Christ Medical Center acute mental illness category of service to Advocate South Suburban Hospital. In connection with this plan, the Advocate Christ Medical Center acute mental illness category of service will be closed, and a related application will be filed. In accordance with applicable HFSRB rules, we are notifying hospitals with similar programs in the area to advise each program of these plans, so each provider may assess whether it believes these plans will impact its program. As these plans are an internal re-organization of Advocate Aurora's service line, we do not believe they will impact your program; however, you are receiving this letter based on HFSRB requirements because your hospital is located within a certain proximity of Advocate Christ Medical Center.

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Sincerely,

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4440 West 95th Street || Oak Lawn, IL 60453 || T 708.684.8000 || advocatehealth.com

August 5, 2022

Via Certified Mail

Saint Anthony Hospital
2875 West 19th Street
Chicago, IL 60623
Attn: Guy A. Medaglia, President

Re: Notice of Planned CON/COE Applications for Relocation of Acute Mental Illness Program

Dear Administrator:

Advocate Aurora Health is in the process of preparing a certificate of need application for submission to the Illinois Health Facilities and Services Review Board ("HFSRB") for the relocation of its Advocate Christ Medical Center acute mental illness category of service to Advocate South Suburban Hospital. In connection with this plan, the Advocate Christ Medical Center acute mental illness category of service will be closed, and a related application will be filed. In accordance with applicable HFSRB rules, we are notifying hospitals with similar programs in the area to advise each program of these plans, so each provider may assess whether it believes these plans will impact its program. As these plans are an internal re-organization of Advocate Aurora's service line, we do not believe they will impact your program; however, you are receiving this letter based on HFSRB requirements because your hospital is located within a certain proximity of Advocate Christ Medical Center.

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Sincerely,

Moody L. Chisholm
President

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4440 West 95th Street || Oak Lawn, IL 60453 || T 708.684.8000 || advocatehealth.com

August 5, 2022

Via Certified Mail

Holy Cross Hospital
2701 W. 68th Street
Chicago, IL 60629
Attn: Donnica Austin-Cathey, President

Re: Notice of Planned CON/COE Applications for Relocation of Acute Mental Illness Program

Dear Administrator:

Advocate Aurora Health is in the process of preparing a certificate of need application for submission to the Illinois Health Facilities and Services Review Board ("HFSRB") for the relocation of its Advocate Christ Medical Center acute mental illness category of service to Advocate South Suburban Hospital. In connection with this plan, the Advocate Christ Medical Center acute mental illness category of service will be closed, and a related application will be filed. In accordance with applicable HFSRB rules, we are notifying hospitals with similar programs in the area to advise each program of these plans, so each provider may assess whether it believes these plans will impact its program. As these plans are an internal re-organization of Advocate Aurora's service line, we do not believe they will impact your program; however, you are receiving this letter based on HFSRB requirements because your hospital is located within a certain proximity of Advocate Christ Medical Center.

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Moody L. Chisholm
President

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4440 West 95th Street || Oak Lawn, IL 60453 || T 708.684.8000 || advocatehealth.com

August 5, 2022

Via Certified Mail

Jackson Park Hospital & Medical Center
7531 S. Stony Island Avenue
Chicago, IL 60649
Attn: Merritt Hasbrouck, President

Re: Notice of Planned CON/COE Applications for Relocation of Acute Mental Illness Program

Dear Administrator:

Advocate Aurora Health is in the process of preparing a certificate of need application for submission to the Illinois Health Facilities and Services Review Board ("HFSRB") for the relocation of its Advocate Christ Medical Center acute mental illness category of service to Advocate South Suburban Hospital. In connection with this plan, the Advocate Christ Medical Center acute mental illness category of service will be closed, and a related application will be filed. In accordance with applicable HFSRB rules, we are notifying hospitals with similar programs in the area to advise each program of these plans, so each provider may assess whether it believes these plans will impact its program. As these plans are an internal re-organization of Advocate Aurora's service line, we do not believe they will impact your program; however, you are receiving this letter based on HFSRB requirements because your hospital is located within a certain proximity of Advocate Christ Medical Center.

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If you have any questions about Advocate Aurora's plans, please feel free to contact Renee Donaldson at Renee.Donaldson@aah.org.

Sincerely,

Moody L. Chisholm
President

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Recipient of the Magnet award for excellence in nursing services by the American Nurses Credentialing Center



**Attachment 8
Background of Applicant**

By signing the certification pages within this application, the Applicants attest to the following information addressing the four points of the subject criterion 1110.110 (a):

1. A list of healthcare facilities owned or operated by Advocate Aurora Health Care Network is below:

Facility	Location	License No.	DNV Accreditation No.
Advocate Christ Medical Center	4440 West 95th St Oak Lawn, IL 60453	0005654	PRJC 435588-2012-MSL-USA
Additional Hospitals owned and operated as part of Advocate Health Care Network:			
Facility	Location	License No.	DNV Accreditation No.
Advocate Condell Medical Center	801 South Milwaukee Ave Libertyville, IL 60048	0000315	PRJC-492361-2013-AST-USA
Advocate South Suburban Hospital	17800 South Kedzie Ave Hazel Crest, IL 60429	0004697	PRJC-409982-2012-MSL-USA
Advocate Good Samaritan Hospital	3815 Highland Ave Downers Grove, IL 60515	0005652	PRJC-369029-2012-MSL-USA
Advocate Good Shepherd Hospital	450 West Highway 22 Barrington, IL 60010	0003384	PRJC-369027-2012-MSL-USA
Advocate Illinois Masonic Medical Center	836 West Wellington Ave Chicago, IL 60657	0005165	PRJC-529782-2015-AST-USA
Advocate Lutheran General Hospital	1775 Dempster St Park Ridge, IL 60068	0004796	PRJC-369033-2012-MSL-USA
Advocate Sherman Hospital	1425 North Randall Rd Elgin, IL 60123	0005884	PRJC-496379-2013-MSL-USA
Advocate Trinity Hospital	2320 East 93rd Street Chicago, IL 60617	0004176	PRJC-408213-2012-MSL-USA
Additionally, AHHC has ownership interest of 50% or more in the following licensed health care facilities			
Facility	Location	License No.	Joint Commission Accreditation No/ Accreditation Association for Ambulatory Health Care, Inc.
Dreyer Ambulatory Surgery Center	1220 N. Highland Ave, Aurora, IL	7001779	AAAHC

2. Proof of current licensure and accreditation is attached as Attachment – 8.
3. There have been no adverse actions taken against the healthcare facilities owned or operated by the Applicants during the three years prior to the filing of this application.
4. The certification within this application serves as authorization permitting the State Board and the Illinois Department of Public Health access to information in order to verify any documentation or information submitted with this application including, but not limited to: official records of IDPH or other State of Illinois agencies and the records of nationally recognized accreditation organizations.

Illinois Department of PUBLIC HEALTH HF 124022

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Ngozi O. Ezike, M.D.
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/2022	General Hospital	0000315

Effective: 01/01/2022

Advocate Christ Hospital & Medical Center
 4440 W 95th Street
 Oak Lawn, IL 60453

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 9/18

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 12/31/2022
Lic Number 0000315

Date Printed 10/13/2021

Advocate Christ Hospital & Medical Ce
4440 W 95th Street
Oak Lawn, IL 60453

FEE RECEIPT NO.



HEALTHCARE CERTIFICATE

Certificate no.:
C539805

Initial certification date:
15 April, 2013

Valid:
15 April, 2022 – 15 April, 2025

This is to certify that the management system of

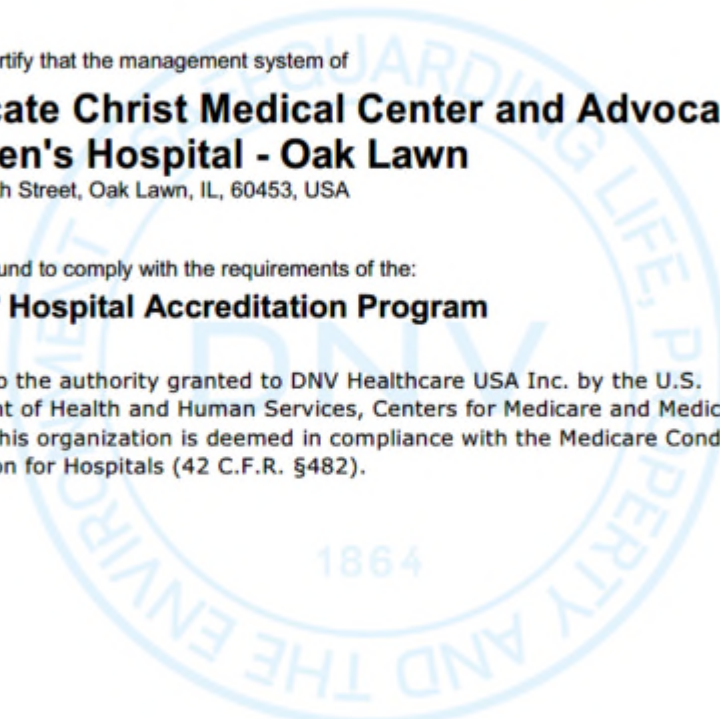
Advocate Christ Medical Center and Advocate Children's Hospital - Oak Lawn

4440 W. 95th Street, Oak Lawn, IL, 60453, USA

has been found to comply with the requirements of the:

NIAHO® Hospital Accreditation Program

Pursuant to the authority granted to DNV Healthcare USA Inc. by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, this organization is deemed in compliance with the Medicare Conditions of Participation for Hospitals (42 C.F.R. §482).



Place and date:
Milford, OH, 22 April, 2022



For the issuing office:
DNV Healthcare USA Inc.
400 Techne Center Drive, Suite 100,
Milford, OH, 45150, USA

Patrick Horine
Management Representative



Lack of fulfillment of conditions as set out in the Certification Agreement may render this Certificate invalid.
ACCREDITED UNIT: DNV Healthcare USA Inc., 400 Techne Center Drive, Suite 100, Milford, OH, 45150, USA - TEL: +1 513-947-8343. www.dnvhealthcare.com

Attachment 9
Safety Net Impact Statement

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.

Safety net services in the community will not be affected. This Certificate of Exemption (COE) application is being submitted in conjunction with a Certificate of Need (CON) application to establish the AMI Category of Service at Advocate South Suburban Hospital. Both ACMC and Advocate South Suburban Hospital are owned and operated by Advocate Aurora Health and are located in the same planning area for acute care services (Health Planning Area A-04). When the relocation occurs, behavioral health providers and medical staff will transfer from ACMC to Advocate South Suburban Hospital. Since the two hospitals utilize a common medical record, clinical staff at either facility will be able to access and utilize patients' medical records.

2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.

The closure of the AMI Category of Service at ACMC will result in a shift of patient volumes from one Advocate Aurora Health hospital to another Advocate Aurora Health hospital and will not affect other area providers in any way including their ability to cross-subsidize safety net services.

3. How the discontinuation of a service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

As noted above, the closure of the AMI Category of Service at ACMC will result in a shift of patient volumes from one Advocate Aurora Health hospital to another Advocate Aurora Health hospital and will not affect other area safety net providers in any way.

Charity Care Information

Charity Care (# of patients)	FY 18	FY 19	FY 20
Inpatient	563	568	537
Outpatient	3,604	5,170	5,038
Charity Care (cost in dollars)	FY 18	FY 19	FY 20
Inpatient	\$10,510,000	\$12,703,000	\$5,076,000
Outpatient	\$6,154,000	\$10,837,000	\$4,540,000

Advocate Christ Medical Center (ACMC) takes great pride in providing high-quality, compassionate care, offering 95 subspecialties to residents living in Chicago's Far South suburbs. Advocate Christ is a level I trauma center, providing emergency care for more than 105,000 patient visits annually. A premier teaching institution and nationally ranked center for cardiology and heart surgery, Advocate Christ is also a major referral hospital in the Midwest for cancer care, heart and kidney transplantation, neurosciences, orthopedics, and women's health.

The hospital takes great pride in its relationships with the neighborhood, communities, organizations, and the agencies it serves. The following illustrates how ACMC addresses the needs of the residents in their service area.

US News and World Report recognizes Advocate Christ Medical Center as one of the top performing hospitals in Illinois. According to the publications 2021 rankings, Advocate Christ is ranked fourth among all Illinois facilities. The hospital also received public recognition for health care excellence in the following areas:

- **Critical Care Excellence:** ACMC's ICU was recognized in Healthgrades's 2022 Critical Care Excellence Awards, among five Advocate Aurora hospitals named to the list. This award is

granted to hospitals with superior patient outcomes in treating respiratory system failure, sepsis, and additional critical care emergencies.

- **COVID-19 Care:** Healthgrades recognized ACMC as one of the 24 best hospitals in the United States for early COVID-19 care. Healthgrades analyzed CMS data, including patient outcomes, for its rankings. ACMC was the only hospital in Illinois to make the list. This recognition reinforces the tremendous efforts of our team and underscores the high-quality care we provide to patients, especially throughout the challenges of the pandemic.
- **LGBTQ+ Healthcare Equality Leader:** ACMC received a perfect evaluation in the Human Rights Campaign Foundation's [Healthcare Equality Index](#) (HEI), the nation's foremost benchmarking survey of healthcare facilities on policies and practices dedicated to the equitable treatment and inclusion of their LGBTQ+ patients, visitors and employees.
- **Healthgrades Specialty Awards:** America's 100 Best in Cardiac Care, America's 100 Best in Critical Care, America's 100 Best in Pulmonary Care.
- **Designated Magnet Recognition** by the American Nurses Credentialing Center since 2005.
- **Pediatric pain management:** Named one of nine U.S. hospitals certified by Childkind.
- **American Heart Association/American Stroke Association:** Get with the Guidelines Stroke Gold Plus Quality Achievement Award, with Target: Stroke Honor Roll Elite and Target: Type 2 Diabetes Honor Roll and Mission Lifeline Receiving Center GOLD Recognition Award.
- **Cardiology:** A nationally ranked center for heart surgery and pediatric cardiology. Leading edge transplant, device implants, vascular and other complex life-saving surgeries. Ranked Top 7% in nation by U.S. News & World Report.
- **Stroke Care:** Fully accredited as a Comprehensive Stroke Center, the highest level awarded. Meets the rigorous standards needed to treat the most complex cases.
- **Breast Care:** Nationally accredited for providing the highest level of quality care. Recognized as a Breast Imaging Center of Excellence by the American College of Radiology.
- **DNV Certifications:** Comprehensive Stroke, Ventricular Assist Device and Sterile Processing/Distribution Certification- 1st in Illinois and AAH System

Other honors and accreditations:

- Named to Newsweek's Inaugural list World's Best Hospitals.
- One of the top 5 VAD centers in the country.
- Kidney Transplant Programs CMS Certified.
- Blue Distinction Centers for Adult Heart Transplant, Cardiac Care and Maternity.
- ECMO Team Designated Gold Level Award for Excellence in Life Support.
- Commission on Cancer accredited program.

Advocate Aurora Health advances health equity through intentional efforts in clinical operations, civil rights, business diversity, and language services. Together, these services enhance access to care, foster an inclusive workplace, and strengthen community partnerships. In 2020, unconscious bias training became mandatory for all team members, and over 1,000 team members participated in REAL Talk listening sessions that offered a safe space to discuss feelings and experiences in the wake of COVID-19 and civil unrest

At the same time, Advocate Christ continues to assess the unique needs of the diverse populations in the hospital's service area and provide culturally competent care and programs to support these communities. In December 2019, Advocate Christ completed its 2019 Community Health Needs Assessment (CHNA) Report. This report describes the hospital's defined community including a demographic profile, sociocultural indices and health profiles derived from both primary and secondary data sources. Based on the CHNA report, Advocate Christ determined that culturally competent community programming would be needed to narrow gaps preventing equitable health care. Advocate Christ's Community Health team developed evidence-based interventions to address the identified needs, which included violence prevention, mental health, access to care, maternal health and infant mortality. In

addition to addressing the identified needs, Advocate Christ's Community Health team developed several strategies to address Covid-19 in the community.

Community Programming: Advocate Christ places a high value on community education, prevention, and promotion of COVID-19 vaccinations, as well as addressing other key issues exacerbated by the pandemic, such as food insecurity, housing and the need to connect people to vital resources in the community. The Community Health team at Advocate Christ works closely with local stakeholders and serves as a fundamental partner of the Alliance for Health Equity (AHE) group in Illinois. The AHE is a collaborative of 37 hospitals working with the health departments and regional and community-based organizations to improve health equity, wellness, and quality of life across Chicago and Suburban Cook County. In 2021, the medical center focused its attention on the following health priorities,

Violence Prevention: Advocate Christ participated in the Chicago Heal Initiative (CHI) which brings together hospitals from leading health systems to address violence in targeted Chicago neighborhoods. Additionally, the Advocate Trauma Recovery Center (TRC) provided trauma recovery services to 1,120 victims of trauma. The Advocate Trauma Recovery Center assisted 314 victims of violence with referrals to community support and case management services. Advocate Christ partnered with University of Chicago Medicine to continue implementation of the Southland RISE initiative developed to address violence in southside Chicago neighborhoods. The Southland RISE partnership provided \$150,000 dollars in grant funding to community-based organizations to address youth violence, COVID-19 mitigation strategies and social determinants of health (SDOH) identified during the COVID-19 pandemic.

Mental Health: Advocate Christ partnered with the Sertoma Centre, Inc., and Faith & Health Partnerships to provide virtual programming for mental health education. Two community and one employee seminar were held with topics in self-care, understanding anxiety and managing conflict. A total of 32 community participants and 14 team members were served. The Advocate Christ community health team also partnered with the Alliance for Health Equity to collaborate on addressing access to mental health services and programs. Advocate Children Hospital in Oak Lawn, part of Advocate Christ, organized a plan to implement a program that embeds a Licensed Clinical Professional Counselor (LCPC) in partnering Chicago Public Schools. The program is designed to provide behavioral health services and education to students, faculty, and parents.

Diabetes Prevention: The National Diabetes Prevention Program (DPP) is a Centers for Disease Control and Prevention (CDC) program organized as a partnership of public and private organizations working to prevent or delay type 2 diabetes. Advocate Christ offered the year-long National Diabetes Prevention Program (DPP) and maintained its preliminary recognition status as a CDC National Diabetes Prevention Program site. In 2021, the program graduated one cohort with 19 participants that met virtually due to the COVID-19 pandemic. Program participants achieved an average decrease in body mass index of five percent after completing the program.

Access to Care: Advocate Children's Hospital in Oak Lawn continues to partner with the Ronald McDonald House Charities of Chicagoland and Northwest Indiana to provide access to free school physicals and immunizations for at-risk children through the Ronald McDonald Care Mobile (Care Mobile). Advocate Children's provides immunizations, routine checkups, and screenings to the most vulnerable students in the Advocate Children's-Oak Lawn primary service area (PSA). The Care Mobile is staffed by an Advocate Children's care team that includes a nurse practitioner, medical assistant, health educator and a driver. The Ronald McDonald Care Mobile saw limited operations during 2021 due to school cancellations, hybrid learning and online learning models, which limited student and school access necessitated by the COVID-19 pandemic. However, in 2021, the RMCM was redeployed for community-based COVID-19 vaccinations across the Southland PSA.

Infant Mortality/Preterm Deliveries/Low Birth Weight Babies: Advocate Children's in Oak Lawn has a strategy in place to decrease infant mortality, preterm deliveries, and low birth weight babies by providing the Centering Pregnancy program for group prenatal care to at risk pregnant women. Due to the COVID-19 pandemic, programming was postponed in 2021 but expected to continue as a service in 2022.

Community Health Workers (CHWs): The Primary Care Connection (PCC) program, located at Advocate Christ, deploys community health workers (CHWs) as community resource navigators to serve patients in the emergency department (ED). The purpose of the program is to reduce unnecessary ED visits and to connect patients to a primary care medical home. CHWs educate patients about accessing the appropriate level of care and providing follow-up appointments to a convenient care site for patients during the ED visit. CHWs also conduct a community health assessment to identify social determinants of health and link the patients to social services and community resources that contribute to the patients' overall wellbeing. In 2021, the program served 3,999 patients with a combined 90-day readmission rate among all patients of less than four percent.

Other community services provided by Advocate Christ Medical Center in 2020 that are relevant to safety net service are included in the Community Benefits Summary:

2020 Community Benefits Summary: This report does not include other expenses accrued by Advocate Christ Medical Center, reportable for community benefit, such as bad debt, cost of unreimbursed Medicaid and Medicare, charity care, and other reportable expenses document by AAH's Tax and Finance team.

Advocate Christ - 2020 Community Benefits	
Language Services	\$659,053.00
In-Kind Donations	\$904,370.00
Volunteer Services	\$262,653.00
Health Professional Education	\$26,358,928.00
Subsidized Health Services (events, screenings, programs, subsidized health services and community health operations)	\$7,816,190.00
Total Site Costs for 2020	\$36,001,194.00

In summary, the impact of Advocate Christ is far reaching and is a critical organization supporting the communities of Chicago's South and Southwest suburbs. The communities have come to rely on many of these programs outlined to meet the special needs of the population in the service area. Advocate Christ's team members are aware of changes in health care and in the community and have been developing new partnerships and services to support the health and wellbeing of everyone they serve.

Attachment 10
Charity Care Information

The table below provides charity care information for the most recent three years for Advocate Christ Medical Center.

CHARITY CARE			
	2018	2019	2020
Net Patient Revenue	\$1,181,676,596	\$1,245,631,502	\$1,230,689,381
Amount of Charity Care (charges)	\$64,360,916	\$88,608,133	\$34,057,425
Cost of Charity Care	\$16,663,728	\$23,539,897	\$9,616,064